ihcda
Indiana Housing & Community Development Authority

2020 Individual Development Account (IDA) Administrator Application

The final application is due May 18th, 2020 at 5pm Eastern Time. Please email ida@ihcda.in.gov with any questions or concerns.

Organization Information

Organization Name *

CEO/Executive Director Name *

First Name　　　　Last Name

CEO/Executive Director Email Address *

Is the CEO/Executive Director the primary IDA Contact? *

　Yes
　No

IDA Primary Contact Name *

First Name　　　　Last Name

IDA Primary Contact Title *

IDA Primary Contact Email Address *

Name of individual completing report if different from Primary Contact

Organization Phone Number *

Area Code   Phone Number

Organization Address *

Street Address

Street Address Line 2

City   State / Province

Postal / Zip Code

Organization Eligibility

In order to be eligible for IDA funding, organizations must meet a few requirements:

Organization EIN Number *

Organization DUNS Number *

Has your organization received a 501(c)3 ruling from the Internal Revenue Service? *

    Yes

    No

Has your organization filed as a Non-Profit Domestic Corporation in the State of Indiana? *

    Yes

    No

Is your organization in good standing with the Office of the Indiana Secretary of State? *

    Yes

    No

In order to confirm your organization's good standing, please search for your organization on the INBiz website: https://bsd.sos.in.gov/publicbusinesssearch. When you find your organization and see that it says "Non-Profit Domestic Corporation" and "Active," use the "Print Entity Details" button in the top right corner to generate a PDF that has your organization's info and the date that info was pulled. Upload that PDF using the button below.

IDA Account Request

Organizations that did NOT open any new participant IDAs in 2019 will only be allowed five (5) or fewer IDA accounts for the IDA020 round. Organizations that DID open new participant IDAs (across all open awards) are encouraged to ask for no more than 110% of the accounts opened last year. If an organization does wish to request more than 110% of the accounts opened last year, they must provide an explanation for how they expect to increase the number of accounts they open by so much.

Did your agency open any new individual development accounts (in any open IDA award) between January and December 2019? *

    Yes

    No

Number of requested 2020 accounts. Must be 5 or less if your agency has not received a new IDA award in the last three years: *

How many participant IDAs did you open between January and December 2019? *

Number of requested 2020 accounts: *

If you are requesting significantly more accounts that your agency was able to open last year, please describe what has happened or what your organization will do differently that will lead to more account openings this year. If IHCDA does not find your answer compelling enough, it will set your award to either the number of accounts you opened last year to to 5, whichever is higher. *

IDA Tax Credit Request

Returning Administrators that are interested in opening additional accounts may request an award of IDA Tax Credits, which can be sold to fund accounts above and beyond their normal IDA Award. Every $1 in IDA Tax Credits sold to a qualified donor leads to $2 in IDA funding. Any accounts opened using funds from IDA Tax Credits between July 2020 and June 2021 will need to follow the 2020 IDA Administrator Manual until the accounts are closed. For additional information on how the IDA Tax Credit program works, please see here.

Would your agency like to apply for 2020 IDA Tax Credits? *

Yes

No

Expected match rate. Should be 3:1, unless otherwise approved by IHCDA. *

Each IDA funded with Tax Credits is worth $2,812.50 in credits. Once sold, those credits will raise $5,625.00 in donations; 80% or $4,500 of that should be used for match and 20% or $1,125 can be used for Administrative costs.

Total number of IDA Tax Credit accounts requested; an even number of accounts is highly recommended: *

Total tax credits requested (# of requested accounts x $2,812.50). *

Total funding expected to be raised from IDA Tax Credits (# of requested accounts x $5,625) *

Total funding expected to be spent on Match (# of requested accounts x $4,500) *

Total funding expected to be spent on Admin (should be # of requested x $1,125 or less) *

Banking Partner

IDA Administrators must have a bank or credit union already chosen as their Financial Institution partner when they apply. Provide that partner's contact information below, which IHCDA will use to ready the Financial Institution MOA for e-signature. The MOA must be finalized within 45 days of the IDA Grant Agreement being finalized, in order for the IDA Administrator to make any funding claims.

Financial Institution Name *

Name of person to sign MOA *

First Name   Last Name

Title of person to sign MOA *

Email of person to sign MOA *

example@example.com

Name of anyone who should be copied on the MOA emails

First Name   Last Name

Title of person to be copied

Email of person to be copied

example@example.com

Financial Institution Phone Number *

Area Code   Phone Number

Financial Institution Address *

Street Address

Street Address Line 2

City   State / Province

Postal / Zip Code

Scored Application Part 1

The rest of the application asks for responses which will be scored. There are 100 possible points. Threshold for the IDA program is 60; any score below that will disqualify an agency from receiving IDA020 accounts.

Please provide your agency's mission, a description of your agency's current projects and how the IDA program fits with both. (10 points maximum) *

If your organization is a past IDA administrator, in which program year(s) did your organization receive an award? (2 points total for IDA019 award; 1 point total for pre-IDA019 awards; 5 points maximum) *

In which counties does your (or will your) organization provide IDA services? Please list all counties that you plan to serve (2 points per county, 10 points maximum) *

If any of the above counties are counties that are not currently served by IDA Administrators, please check those for 1 additional point per county, up to 5 points maximum *

Brown	Clay	Dearborn
Jefferson	LaPorte	Lawrence
Martin	Ohio	Orange
Owen	Pulaski	Putnam
Ripley	Scott	Switzerland
Vigo	Washington	NA

Please choose which steps your organization will take or is taking to ensure its services and programs are accessible to persons with Limited English Proficiency (LEP). Please use the following narrative to provide more details(1 point per step, 5 points maximum) *

Acquiring translators to translate vital documents, advertisements, or notices

Acquiring interpreters for face to face interviews with LEP persons

Placing advertisements and notices in newspapers that serve LEP persons

Partnering with other organizations that serve LEP populations to provide interpretation, translation, or dissemination of information regarding the program

Hiring bilingual employees or volunteers for outreach and intake activities

Contracting with a telephone line interpreter service

NA

Please elaborate on the steps your organization will take to serve LEP individuals. *

Please describe the methods and strategies to be used in the recruitment process for your agency's IDA program. If your agency recruits solely from another program, please describe how that program completes recruitment. Up 5 points for each well-defined strategy, including how specific populations will be targeted; 15 points maximum. *

What community/bank partnerships does your agency plan to utilize with the IDA program? Please include partnerships used for recruitment as well as education. 2 points for each partner named and up to 5 points for each partnership that is well-defined; 10 points maximum. *

Scored Application Part 2

Continued from last page.

Please select all eligible asset types for which participants in your agency's IDA program can save towards. (1 point per asset, 5 points maximum) *

Home purchase

Home repair

Start, purchase or expand a business

Education or job training

Motor vehicle purchase

Financial Literacy Education and Asset-Specific Education are both required for IDA participants to complete before making a withdrawal from their accounts, and it is the administrator's responsibility to provide that training or connect participants to local or online trainings. Below, please describe the training that your agency will provide or connect participants with. REMEMBER: your agency MUST provide or connect with financial literacy training and training for any asset type you choose to provide.

For each training type listed below, please describe the curriculum and training methods your agency will utilize. If your agency doesn't plan to offer that asset, put NA. For all others, include the following:

1. Whether the training will be provided by your agency or another agency
2. Whether the training will be provided in-person, online or some combination of both
3. How that training might be revised to fit the various levels of educational needs of different participants (i.e. how the training would look for someone with absolutely no background knowledge vs. someone with a bit of experience in that area)
4. How your agency will measure the impact of the training
5. Why your agency has chosen this particular curriculum/method for training

Describe the curriculum and training methods your agency will utilize for FINANCIAL LITERACY education. (15 points) *

Describe the curriculum and training methods your agency will utilize for HOME PURCHASE training. (4 points) *

Describe the curriculum and training methods your agency will utilize for SMALL BUSINESS training. (4 points) *

Describe the curriculum and training methods your agency will utilize for SCHOOL & JOB TRAINING education. (4 points) *

Describe the curriculum and training methods your agency will utilize for HOME REPAIR training. (4 points) *

Describe the curriculum and training methods your agency will utilize for VEHICLE PURCHASE training. (4 points) *

Certification

An organization's name on the application MUST match the organization's name on Indiana Secretary of State website: **https://bsd.sos.in.gov/publicbusinesssearch**

I hereby certify that all information is stated herein, as well as any information provided in an accompaniment herewith, is true and accurate. I further certify that I have been authorized by my organization to submit this IDA Administrator Application *

Yes

Application Submission

Please provide your email so you can receive confirmation that we have received your application. The link at the top of the email can be used to edit your application up until the application due date.

example@example.com